Wolf Pack Registration Form

Athlete Information: Name of Participant Date of Birth Address		
Home Phone	Grade	Age
T-shirt Size:	Youth: S M L Adu	ılt: S M L XL XXL
Parent/Guardian I	nformation (If the partic	ipant is under the age of 18)
Name of Parent/Guardia	n	
Home Phone	Work phone	Age
In case of an emergency	contact:	
1. Name	Phone	Relationship
2. Name	Phone	Relationship
Wolf Pack Wrestling Se accident/incident or conditate wrestling is a contate the sport. This includes with any claims, suits, as NO Refund Policy The following constitute The participant is ex The participant has a	ason from any claims, suits, actiduct involving me, my teammate act sport and athletes involved as but is not limited to the costs actions or causes of action. s NO REFUND: pelled from the club.	oyees and contractors assisting with the ions or causes of action arising out of any es, or my family members. <i>I understand may become injured due to the nature of</i> and reasonable attorney's fees associated the the Wolf Pack Wrestling Club. In a tournament.
		iglet. The singlet must be returned at the ave to pay the cost of the singlet.
Participants Signature		Date
		Date
	al Use Only) Cash:C	Check #: Receipt #:

